

**Arizona Department of Economic Security  
Division of Aging and Adult Services  
(DAAS)**



**TELEPHONE ASSISTANCE PROGRAM  
(TAP)  
POLICY MANUAL**

## **TELEPHONE ASSISTANCE PROGRAM**

### **PURPOSE OF THE PROGRAM**

The purpose of the statewide Telephone Assistance Program is to provide telephone service to low income households with a medical need that require a telephone in the home.

### **ELIGIBILITY CRITERIA**

1. Applicants must be Qwest Communications customers or reside in the Qwest Communications service area and meet the following criteria:
2. Household income at or below 150% of the federal poverty income guidelines
3. Household has a medical need that requires a telephone in the home
  - The length of eligibility for the program is one, two or three years as indicated by the Doctor on the Confirmation of Medical Need form. The eligibility approval period is from the application approval date.
  - If the household is unable to obtain medical certification from a doctor without undue hardship, the caseworker may certify the medical need based on information provided, visual verification or a client statement may be used as a last resort. Caseworker certification is only valid for one (1) year. The caseworker must complete the certification on the Confirmation of Medical Need form.

### **TYPE OF ASSISTANCE**

1. Basic monthly telephone flat-rate service, excluding wire maintenance
2. Basic telephone installation charges for new service
3. One line only (home must be wired)

### **WHAT THE PROGRAM WILL NOT PROVIDE**

1. The program **WILL NOT** pay for other charges such as long distance charges, taxes, toll charges and custom calling features such as call waiting, call forwarding, etc.
2. The program **WILL NOT** pay for phone service in nursing homes or group homes that provide a phone for client use.
3. The program **WILL NOT** pay for wiring of the home, or any type of repair or maintenance.

## **APPLICATION PROCESS FOR THE TELEPHONE ASSISTANCE PROGRAM**

### **APPLICATION PROCESS**

Individuals must apply at the local Community Action Agency, and must provide the following:

1. Proof of income for the past 30 days
2. Verification of Social Security Numbers for all adult (over age 18) household members
3. A Confirmation of Medical Need form signed by the Doctor establishing a medical need (must be an original signature).

### **DAAS PROCESSING PROCEDURES**

1. Once a completed application and the signed Confirmation of Medical Need form are received by DES/DAAS, it is entered into the database for eligibility determination.
2. An approval or denial notification letter is sent to all applicants. DES/DAAS will only deny an application if the household is over income, home is not wired, or if the applicant does not respond to their recert notification within the 45-day timeframe.
3. The applicant has 60 days from the date of eligibility to establish service to be eligible for the Link-up discount.
4. Qwest Communications can deny an applicant found eligible by DES/DAAS, if the applicant has an outstanding balance from previous service.
5. Applicant must be informed that processing the application takes up to 45 days.

### **RECERTIFICATION PROCESS**

1. Recertification letters are sent to each TAP participant every 1-3 years as indicated by the doctor on the Confirmation of Medical Need form. A request to re-apply for the program will be sent to the applicant (to the address on record) with instructions. The request will be sent 45 days prior to TAP eligibility expiration.
2. Participants have 45 days from the date of the letter to complete the application process and continue receiving the discount.
3. If the participant does not respond to the recertification letter, the discount stops and they are dropped from the program and must reapply.
4. TAP program participants **MUST** notify DES/DAAS if they move or change their phone number. If the phone is disconnected the former participant must re-apply. (If a participant contacts Qwest to have their phone service transferred prior to moving, the participant will remain on the program and will not have to re-apply.)

## **HOW TO DETERMINE ELIGIBILITY FOR TAP BENEFITS**

### **Financial Eligibility**

The maximum income per household is at or below 150% of the federal poverty income guidelines.

#### **COUNTABLE INCOME**

Determination of income is based on the total of all countable income of the household, before payroll deductions. Gross income includes money, wages, tips and salaries before any deductions, garnishments, etc.

Countable Income includes, but is not limited to, the following:

- All earned income
- All government cash benefits (benefits on behalf of a child are included) such as VA benefits, GA, AFDC and SSI
- Dividends (if over \$50 per mo.)
- Interest (if over \$50 per mo.)
- Child support
- Alimony
- Net rental income
- Annuities
- Royalties and patent payments
- Earnings from "odd jobs"
- Strike Benefits
- Workers Compensation Benefits
- Unemployment Insurance Benefits
- Monthly payments from sale of property, house or car. (Payments from the sale of property that may extend over a two or three month period will be considered a lump-sum payment resulting from the conversion of capital and not income. With this adjustment, only monthly payments exceeding three months will be included when determining income levels.)
- Military family allotments
- Grants and scholarships (PAL, OSDG, GEOGI, that do not need to be repaid) excluding funds identified for tuition and books
- Workstudy money
- Net gambling or lottery winnings
- Mileage allowance

#### **EXCLUDED INCOME**

- Lump sum payments
- Title V
- Food stamps (SNAP)
- That portion of education grants used for tuition and books
- Earned income of a child under 16 years of age
- Cash gifts for birthdays and holidays if \$50 or less per month per household member
- Tax refunds
- Benefits made on behalf of a client, but not paid directly in the name of the client (**i.e. ESN, or other vouchers for food, clothing or housing**).
- Loans that need to be repaid
- Money received and used for the care and maintenance of a third party beneficiary who is not a household member
- Stipends from foster grandparents, senior companion program and Supplemental payment program.

**Please contact DAAS for a determination on any other income not listed.**

**HOW TO DETERMINE ELIGIBILITY  
FOR TAP BENEFITS**

**INCOME LIMITS**

A household's total **gross countable income** must be at or below **150%** of the federal poverty income guidelines.

**2011 FEDERAL POVERTY MONTHLY INCOME GUIDELINES**

**Effective July 1, 2011**

<b>Family Size</b>	<b>150% of Poverty</b>
1	\$1,362
2	\$1,839
3	\$2,316
4	\$2,795
5	\$3,272
6	\$3,749
7	\$4,227
8	\$4,704
9	\$5,181
10	\$5,660

For Each Additional Household Member Add: \$477

Figures derived from information dated January 11, 2011 of the Federal Register.

**NOTE:** Income limits are published annually by the Department of Health and Human Services in the Federal Register. The Poverty Guideline Chart is updated prior to July 1, of each state fiscal year.

## APPLICATION INSTRUCTIONS TAP

### 1. EN-005

The application for services is the EN-005 pages 1, 2, and 3. Agencies administering the program will complete applications for services at sites that are geographically accessible to all households in the area to be served. Agencies will provide to low-income individuals who are physically infirm the means to complete an application without leaving their residences.

Verification of eligibility criteria is required, and must be fully documented, in clear and concise language. Including but not limited to the following items:

- Social security numbers of all household members.
- Income from all sources for all household members age 16 and over for a period of thirty (30) days. This includes the day of application and the twenty-nine (29) previous days.

### 2. TAP Confirmation of Medical Need Check Sheet Confirmation of Medical Need.

The completed TAP Check sheet must be attached to the EN-005 application. To meet deadlines for submitting TAP applications the applicant should have the Confirmation of Medical Need signed before the application is completed.

### 3. For agencies that send applications to DES/DAAS for data entry the following guidelines must be followed:

- The envelope, forwarding transmittals and applications for TAP sent to the Division of Aging and Adult Services (DAAS) for processing, must be postmarked no later than seven (7) working days after the application date.
- Whenever possible, DES/DAAS will make every effort to obtain any missing or incomplete information over the phone before returning the application to the contracting agency. If a response to a telephone request is not received within 3 days, the application will be returned.
- Applications returned for correction must be re-submitted to DES/DAAS as quickly as possible. TAP applications received more than 30 calendar days following the date of application will be returned to the contracting agency and a new application will be required.

Agencies are encouraged to use the comments section of the application for additional information to clarify any areas of the application.

- Interviewers are not to complete applications for their own relatives to the first-cousin level. This includes step - and in - law relatives as well. Specifically, parents, siblings, spouses and aunts/uncles should be interviewed by another interviewer or the program manager. All agency employee applications must be approved in writing by the Contract agency Director or, in the case of a subcontractor, the Director of the subcontracted agency.
- Each worker that completes an EN-005 must have a four (4) digit worker identification number. The last four digits of the worker's social security number or any four numbers selected randomly may be used. All worker social security numbers and signatures must be on file with DES/DAAS prior to submitting applications taken by the worker. The worker identification form must be submitted to DES/DAAS to add or delete staff.

## **OPERATING PRINCIPLES TAP**

### **A. COOPERATION**

Applicants must cooperate in all aspects of the application process. Applicants must complete and sign an application that includes providing requested information or verification. If the applicant refuses, the application will be denied. The CAP agency will describe the lack of cooperation in the comment section of the application.

### **B. CONFIDENTIALITY**

Public law and federal regulations place restrictions on the release of confidential information, and set guidelines for the disclosure of non-confidential materials. All applications, records, files and communications of DES and contractors, relating to specific applicants for assistance and recipients of services funded by DES, are confidential records.

All information, regarding an applicant or recipient, is confidential and may be disclosed only for purposes of determining eligibility, providing services, or investigating suspected fraud in connection with the program. Applicants for services authorize access to their records by signing the application. Anyone not authorized on the application must have the applicant's written approval to access information.

Information that can be exchanged must pertain to the eligibility of the applicant, and excludes items that do not address eligibility, i.e., personal details. Inappropriate disclosure of information can result in severe disciplinary action, or could result in the suspension of the contract agreement.

Access to information by inappropriate, unauthorized individuals or parties shall be considered a violation of the individual's right to confidentiality. Care should be taken to secure all files in the office so that unauthorized personnel do not have access to them. All records shall be open to any and all federal, state, and contractor auditors and/or examiners in the course of their regular audits.

General information, policy statements, or statistical materials that cannot be directly identified to any individual or family are not considered confidential information. They may be given to, or provided by: agencies, helping organizations, or contracted parties, unless restricted by Arizona statutes, federal regulations, or court orders.

### **C. DECISION NOTICE**

The form letter is generated by DAAS, in English and in Spanish and mailed to each applicant's address. The letter notifies the applicant of the eligibility determination.

## **FAIR HEARING PROCESS TAP**

### **FAIR HEARING**

An applicant may file an appeal if she/he feels that assistance has been unfairly denied or terminated. The applicant must complete the following steps:

A Fair Hearing procedure is in place within DES/DAAS and the Community Action Program (CAP) Agencies. Clients will be notified at time of application of their right to appeal.

**Step One**      An opportunity to file a request for a fair hearing regarding any adverse action shall be granted by the CAP agency to any applicant/recipient who requests a hearing because his or her benefit assistance is denied, delayed, discontinued, suspended or terminated. The applicant/recipient must provide in writing a statement of the grounds for the hearing. The request must be submitted to the CAP agency within (10) ten calendar days after the mailing date on the decision letter. The CAP agency receiving the grievance will make all efforts to resolve the issue within 30 days of the request.

**Step Two**      In the event the applicant/recipient wishes to appeal the decision of the CAP agency, the applicant/recipient may within 10 days of receiving the CAP agency decision letter appeal in writing to the DES/DAAS TAP Program Manager. The utility discount Programs Supervisor at the DES/DAAS level will be responsible for conducting the hearing and providing a decision within 60 days of the appeal letter.

Telephone Discount Programs Supervisor Arizona Department of Economic Security Division of Aging and Adult Services - 086Z P.O. Box 6123 Phoenix, Arizona 85005
---

**Step Three**      An appeal may be filed with the Arizona Corporation Commission if an applicant is not satisfied with a decision made by DES/DAAS.

**Note:**            **The applicant must contact Qwest Communications if Qwest Communications made the decision for denial or termination of services.**